

**ATR-I: Recovery Support Services**  
**Provider Standards Fact Sheets**  
**01. Case Management**

Case Management providers, a sub-set of ATR-I Recovery Support Services, are instrumental in evaluating the needs of clients/consumers and managing overall resource plans based on individualized needs.

**Case Management Services Described**

Comprehensive treatment assumes that a client's personal life contains problems that foster substance dependency. Case Management involves assessment, planning, and maintaining continuity between different phases and components of the treatment process so that the client may effectively decrease dependency and break the familial cycle of dependency and poverty. Case management helps clients to gain access to needed services and resources in the community, particularly substance abuse and mental health treatment, physical health services child care, legal services, and needed social supports such as for housing and food. Community support activities include:

- Participating in initial assessment and treatment plan development, and in plan updates
- Conducting periodic reassessments
- Linking the client to essential services and resources and assisting clients to obtain and utilize such services; including:
  - Advocating on behalf of a client to obtain the services, and the quality of services, which are needed and teaching her/him how to access services and advocate for her/himself
  - Coordinating multiple services, agents, and resources to benefit the client
  - Providing the client with experiential training in life skills and resources acquisition toward a decreased dependence on public support
  - Assisting the client with enrollment into educational or vocational training programs and with job seeking
  - Monitoring and follow-up
  - Emergency assistance (location and coordination of services and resources to resolve the emergency)

Case Management does not include counseling.

Case Management Standards - as they relate to the prospective or current providers - are defined as follows:

**Capabilities**

Case Managers will be expected to provide the following services and perform the following tasks:

- a) Conduct Recovery Support Service Needs Assessments and create individualized Case Management Care Plans
- b) Become knowledgeable of and conversant with local/statewide providers of related services, and treatment services.
- c) Work closely with clients who represent various populations, cultures, disorders and other unique circumstances in manner that is non-discriminatory.

- d) Work closely with treatment providers who may represent a wide variety of treatment philosophies and a wide variety of clinical needs ranging from criminal justice offenders to addicted individuals suffering from co-occurring severe mental illnesses.
- e) Conduct GPRA Outcomes interviews per procedures outlined in formal training sessions, using approved forms, and interfacing for the purpose of data collection, in a timely and approved fashion
- f) Actively communicate and collaborate with treatment providers and referral sources such as probation and parole officers for the purpose of meeting client needs and maintaining active relationships and open networks or “linkages” between services and agencies.
- g) Build individualized Care Plans with clients early in their recovery process in a manner respective of their needs, disabilities, gender, race, disorder and other unique circumstances.
- h) Actively document client progress through their Care Plan in a manner acceptable to this program.
- i) Manage facilities and practices that maintain client confidentiality and meet safety standards
- j) Maintain continuity of services while addressing any unmet, particularly urgent and/or emergent needs.
- k) Ability to make appropriate referrals in the community and track clients including those who have discharged for reasons of non-compliance.
- l) Conduct and/or coordinate alcohol & drug testing as directed.
- m) Invoice or remit claims to the management services contractor in a timely fashion according to approved Billing Procedures.
- n) Receive authorized Vouchers for services prior to supplying services.

## Requirements for State Approval to Deliver Recovery Support Services

### Service Administration

This section describes the administrative and organizational requirements that providers must have in place in order to deliver recovery support services under the ATR program.

1. Maintain a policy and procedure manual that contains, at a minimum, the organization's purpose and philosophy. Faith-based providers shall also include Articles of Faith and Entity Creed.
2. A governing body (e.g., a board of directors that meets according to their bylaws to provide fiscal planning and oversight, ensure quality improvement in service delivery, establish policies to guide administrative operations of the organization, ensure responsiveness to the community and individuals being served, and delegate operational management to a program manager in order to effectively operate its services.
3. Maintain documentation to demonstrate full compliance with the ATR credentialing requirements.
4. Credentialed key staff or volunteers shall provide supervision of the recovery support services for which the organizations is approved to deliver.
5. A plan of action for continuity of services in the event the organization can no longer perform services due to facility incapacitation or loss of key personnel.
6. A written policy to prevent conflict of interest which states that no employee or volunteer may use his or her ATR provider designation to secure privileges or advantages of any client.
7. The organization shall maintain a work and/or service environment that is free from sexual harassment and intimidation.
8. The organization shall not subcontract services it is approved to provide under the ATR program unless a previous agreement has been arranged with MSC.
9. The organization must provide proof of professional liability and property insurance.
10. Organizations that provide transportation for clients must provide proof of proper auto insurance and current driver's license of driver. Organizations that provide childcare for clients must provide proof of current daycare license or proof that childcare is being provided while parent is on-site.

### **Qualifications of Personnel**

1. The organization shall insure that staff possesses the training, experience, and credentials to effectively perform their assigned services and duties related to the ATR program.
2. All personnel and volunteers conducting GPRA interviews will be required to participate in training on how to use the ATR GPRA tool.
3. The organization shall provide documentation that the ATR program is included in the orientation of new staff and/or volunteers.
4. The organization shall conduct at least three (3) hours of annual refresher training for ATR staff and volunteers about the policies, procedures and services of the agency.
5. The organization shall require any employee or volunteer delivering services to children/minors, developmentally disabled or elderly receive and successfully pass a background check *prior to* the delivery of services.
6. The organization shall maintain complete, confidential, and current personnel records for each staff or volunteer delivering services under the ATR program.
7. The organization shall establish and maintain a written standard of conduct for all staff and/or volunteers.
8. The organization shall not permit an employee or volunteer to enter into a business relationship with a client or family of a client receiving ATR services or employ them while the client is receiving ATR services.
9. The organization's employees and/or volunteers shall not engage in any conduct which is criminal in nature or has the appearance of misconduct.
10. The organization shall ensure that each employee is legally eligible to work and reside in the United States.

### **Fiscal Accountability**

1. The organization shall operate according to an annual written budget of anticipated revenues and expenditures that is approved in a timely manner by the governing body. Fiscal reports should be prepared at least annually and shared with the governing body and show a comparison of the budget to actual expenditures.
2. The organization shall have fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.
3. The organization shall utilize financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flow.
4. Fiscal records shall be retained for at least five years or until any litigation or adverse audit findings, or both, are resolved.

### **Documentation**

1. The organization has an organized record system for each client that receives recovery support services.
2. Client records shall be maintained in a manner which ensures confidentiality and security. The organization shall abide by all local, state, and federal laws and regulations concerning the confidentiality of records.
3. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.
4. The organization shall retain individual records for at least two (2) years or until all litigation, adverse audit findings, or both, are resolved.
5. The organization shall assure ready access to the records by authorized staff and other authorized parties including the Management Services Contractor and the Department of Health and Welfare.
6. All entries in the individual record shall be legible, clear, complete, accurate, and recorded in a timely fashion. Any errors shall be marked through with a single line, initialed and dated. Documentation shall be made with indelible ink or print.
7. All recovery support services shall, at a minimum, include the following documentation:
  - Name and client number of individual receiving the service
  - Title of the service provided;
  - Brief description of the service provided;
  - The date and actual time (beginning and ending times) the service was rendered;
  - Name and title of the person who rendered the service.

### **Data Collection and Reporting**

1. All organizations that participate in the ATR program must comply with reporting requirements of the grant and have in place the computer technology to access the Provider Connect web-based reporting system.

### **Rights, Responsibilities, and Grievances**

1. The organization shall demonstrate through its policies, procedures, and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves.
2. Each client shall be informed and oriented as to what will happen as recovery support services are provided. Information shall include applicable program rules, participation requirements or other expectations.
3. The organization shall have in place an internal procedure for handling client complaints and grievances in an expedient manner.

### **Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property**

1. Any employee or volunteer who has reasonable cause to believe that a client has been subjected to physical abuse, sexual abuse, misuse of funds/property, class I neglect, class II neglect, or verbal abuse while under the care of a recovery support program shall immediately make a verbal or written complaint to the organization's Administrator.
2. The organization shall immediately report any complaints of abuse, neglect, and misuse of funds or property in a recovery support program that is credentialed by the Idaho Substance Abuse Authority and funded by the ATR program. Complaints should be reported to the appropriate Bureau of Substance Abuse Program Manager within one business day of the alleged incident.
3. The organization shall follow State regulations for reporting incidents of child abuse and/or neglect.
4. Failure to report shall be cause for disciplinary action, criminal prosecution, or both.

### **Client Confidentiality/HIPAA**

1. All organizations that provide ATR recovery support services to clients shall follow the federal confidentiality regulations (42 CFR Part 2) related to the release of alcohol and drug abuse records.
2. All organizations that have been determined to be a covered entity as defined by HIPAA shall adhere to the policies and procedures that the HIPAA privacy rule requires for each covered entity.

### **Monitoring and Enforcement of Standards**

#### **Delivery of Services**

1. The ATR-I clinical substance abuse treatment service provider will conduct a client assessment using a bio-psycho-social interview and other valid instruments.
2. Assessment recommendations will include referral to Case Management services wherever applicable. Case Management providers will conduct Case Management service needs evaluations and develop appropriate plans.
3. The provider (treatment and/or case management) will discuss recovery support service providers with the client, allowing them to choose the program to use.
4. The provider will submit an assessment summary to BPA Care Management and advise them where the client has chosen to receive recovery support services.
5. BPA Care Management will issue further vouchers to be used by the client for recovery support services.

## **Case Management Services Coordination**

Case management services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management services may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization, or by a subcontracted third party working with individuals with the sole purpose of providing case management within the scope of providing RSS. Such programs are typically, but not exclusively, provided by qualified case managers, coordinators, or by case management teams.

In order to provide the linkages, coordination, and support needed by the persons served, the case managers are able to demonstrate knowledge of healthcare, social services, employment, housing, recreational opportunities, faith based linkages, and other services and systems available in their community and the specific unique needs presented by their clients.

## **Applicable Standards**

1. The clients served by case management are linked to services and resources to achieve objectives as identified in their individual treatment and RSS plan by the referring agency or agency providing the direct case management services.
2. Personnel providing services have a working knowledge of or experience in:
  - a. Services that are appropriate for the needs of the client being served.
  - b. Support systems that are relevant to the lives of the client being served.
  - c. Knowledge, experience or education equivalent to a bachelor's degree in a human service related field. Experience is defined as no less than two years of providing the related recovery support service the personnel are working within.
  - d. Criminal background checks if working with children/minors, developmentally disabled or elderly.
3. Based on the needs of the client served, case management/services coordination includes:
  - a. Activities carried out in collaboration with the client served.
  - b. Outreach to encourage the participation of the client served.
  - c. Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.
  - d. Assistance with achieving goals for independence as defined by the client served.
  - e. Optimizing resources and opportunities through:
    - 1) Community Linkages.
    - 2) Enhanced social support networks.
  - f. Assistance with:
    - 1) Accessing transportation.
    - 2) Finding qualified Child Care support if relevant.
    - 3) Intervention for Adolescents if treatment is not indicated.
    - 4) Marriage and Family Education and Life Skills Training.
    - 5) Adult and Adolescent Transitional Housing when appropriate.
    - 6) Alcohol/Drug Testing to facilitate recovery.
    - 7) Securing safe housing that is reflective of the :
      - a. Abilities of the client served.
      - b. Preferences of the client served.

- 8) Exploring employment or other meaningful activities.
- g. Provision of, or linkage to, skill development services needed to enable the client to perform daily living activities, including, but not limited to:
  - 1) Budgeting.
  - 2) Meal Planning.
  - 3) Personal Care.
  - 4) Housekeeping and home maintenance.
  - 5) Other identified needs.
- h. Evidence of linkage with necessary and appropriate:
  - 1) Financial services.
  - 2) Medical or other healthcare.
  - 3) Other Community services.
- 4. The organization or subcontractor provides case management activities in locations that meet the needs of the client served.
- 5. The intensity of case management is based on the needs of the client as identified in his or her individual treatment plan.
- 6. When multiple case management providers exist (treatment provider, probation, parole, child protection agent, etc.):
  - a. A primary case manager is identified.
  - b. There is coordination to:
    - 1. Facilitate continuity of care.
    - 2. Complete GPRA data.
    - 3. Form RSS Care Plans and Client Self-Reports.
    - 4. Reduce duplication of services.
- 7. With the consent of the client, personnel provide advocacy by sharing feedback regarding the services received with the agencies and organizations related to the provision of services.

### **Case Manager Qualifications**

- 01. Provider Agreements.** Case Managers must be employees of an agency that has a valid provider agreement with the Management Services Contractor (State Facility Approval required in some cases).
- 02. Criminal Background Check.** Any individual delivering case management services to children/minors, developmentally disabled or elderly, must successfully pass a background check *prior to* the delivery of services.
- 03. Qualifications.** Qualifications of the case manager shall be verified through written documentation of work experience, education and classroom instruction. All agency staff delivering case management services must meet at least one of the following qualifications:
  - I. **Idaho Student of Addiction Studies (ISAS) or Certified Alcohol and Drug Counselor (CADC) or Certified Prevention Specialist (CPS).** An ISAS, CADC or CPS must have current certification with the Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (IBADCC) *and* have working knowledge of services that are appropriate for the needs of the client.
  - II. **Bachelor's Degree in a Human Services Field.** Individual having a B.A. or B.S. in a human services field *and* at least twelve months' experience with the target population. Individuals without twelve months of experience may gain this experience by working for twelve months under the supervision of a fully-qualified case manager.



- III. **Licensed Clinical Professional Counselor (LCPC) or Licensed Professional Counselor (LPC).** A LCPC or LPC must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01. “Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists” *and* have at least twelve months’ experience with the target population. Individuals without twelve months of experience may gain this experience by working for twelve months under the supervision of a fully-qualified case manager.
- IV. **Licensed Pastoral Counselor.** A pastoral counselor must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01. “Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists” *and* have training in the “Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members.”
- V. **Experience Equivalency.** Experience is defined as no less than two years of providing the recovery support service the individual wishes to deliver. Individuals must also have working knowledge of services and support systems that are appropriate for the client being served. The Management Services Contractor will review documented relevant work experience and conduct reference checks to the extent that they become satisfied with relevance of experience.